

Judiciary Committee to hear the various pros and cons of the bill. It wasn't very difficult for me, but I know what my people want, to support the bill and I am very happy to be a cosponsor of the bill. I have in front of me probably 10 or 15 pages that are against the bill, the same opposition that we have had for several years. I don't think that a lot of those things are...need to be even a concern or are not a concern. I can't really add a lot to it. I took a poll in my area. Over 500 people responded, over 50 percent. Ninety percent of the people asked for some medical directive or living will. Many of you might not be aware of it. A lot of these elderly people that are in nursing homes simply do not have a living relative to speak for them. I heard one other question this morning, do the doctors...are they legally...must legally act within the living will, and the Uniform Rights Act provides that immunities to physicians and other health care providers for acting in accordance with a declaration, the act does not require individual physicians to perform actions against which they have ethical objectives. However, if their unwillingness to comply with the act, all reasonable steps could be taken and to transfer the patient to another doctor or under other care. One, I probably will support Senator Lindsay's bill, LB 696. I think we need both of them. I, myself, had a medical directive drawn up last fall and my attorney kind of combined the two. I am not so sure I was so happy in what he did, but he did it, and I was in a hurry and at least some protection. Senator Landis, do you have any comments that you would like to make for the good of the body, and I think I understand very well what the differences are in the two bills, and if you have any objection to the second bill, on the rest of my time.

SENATOR LANDIS: I'll talk about the relationship of those two ideas, the living will and the durable power of attorney. They share a goal and that goal is to give an individual control over their fate. In that basic goal, they aim for the same target. They have two different methodologies of getting there. One is the patient tells the doctor and the other one the patient tells a third party, who then tells the doctor. And both of those are acceptable to me. And, as a matter of fact, the durable power is in 671, but if the body has more confidence in the language in LB 696, I'd be happy to support that in the event we can make sure that it is enforceable and useful, at which time perhaps that could be stricken out of 671 or put into 671. I would consider certainly doing that. What's critical I think in your question to me, Senator Nelson, is whether or not one supplants